PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/514,411			ing Date 15/2004	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
Н	FOR	T N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	T .	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	-	N/A	.ED NO	N/A		N/A	TEE (0)	i	N/A	TLE (0)	
┢	SEARCH FEF	or (c))	N/A		N/A		N/A		1	N/A	i e	
H	(37 CFR 1.16(k), (i), (ii)		N/A	_	N/A		N/A		ł	N/A		
	(37 CFR 1.16(o), (p), (TAL CLAIMS	or (q))	minus 20 =				x \$ =		OR	x s =		
INE	CFR 1.16(i)) EPENDENT CLAIM	S	minus 3 = *				x s =			x s =		
(37	CFR 1.16(h))	If the	If the specification and dr		drawings exceed 100		~ *		ł	<u> </u>		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 :	n size fee due								
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))								1			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								1	TOTAL		
									ER THAN			
Н		CLAIMS	HIGH			ır				r		
Ε	09/26/2008	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Ĭ	Total (37 CFR 1.18())	* 20	Minus	 20	= 0]	x \$ =		OR	X \$50=	0	
AMENDMENT	Independent (37 CFR 1.16(h))	• 4	Minus	···3	= 1	1	x \$ =		OR	X \$210=	210	
	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	210	
		(Column 1)		(Column 2)	(Column 3)							
AMENDMENT	04/30/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.1601)	· 20	Minus	·· 20	= 0	1	x \$ =		OR	X \$52 =	0	
	Independent (37 CFR 1,16(h))	• 4	Minus	··· 4	= 0]	x \$ =		OR	X \$220 =	0	
ä	Application Size Fee (37 CFR 1.16(s))]			1			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR			
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in life (and by the USETO to noceess) an implication. Confidentiality is governed by 85 USE v. 22 and 37 CER 1.4. If this collection is estimated to state 27 animates to complete in exident gradients, preparing, and submitting the completed application form to the USETO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form double be sent to the Child information Officer. U.S. Pattern and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Pattern 1, Po. D. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Pattern 1, Po. D. Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Pattern 1, Po. D. Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Pattern 1, Po. D. Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Pattern 1, Po. D. Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Pattern 1, Po. D. Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Pattern 1, Po. D. Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND THIS ADDR